

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/02/2010
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 297108		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 12/07/2009	
NAME OF PROVIDER OR SUPPLIER V I P HOME HEALTH INC				STREET ADDRESS, CITY, STATE, ZIP CODE 3100 W CHARLESTON BLVD SUITE 208 LAS VEGAS, NV 89102			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
G 000	INITIAL COMMENTS Surveyor: 26907 This Statement of Deficiencies was generated as a result of a Medicare recertification survey conducted at your agency on 12/1/09 - 12/7/09 in accordance with 42 CFR Part 484 - Home Health Services. The active census at the time of the survey was 161. Fifteen (15) clinical records were reviewed. Five (5) home visits were conducted. The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. The following regulatory deficiencies were identified.			G 000			
G 158	484.18 ACCEPTANCE OF PATIENTS, POC, MED SUPER Care follows a written plan of care established and periodically reviewed by a doctor of medicine, osteopathy, or podiatric medicine. This STANDARD is not met as evidenced by: Surveyor: 26907 Based on record review and interview, the agency failed to ensure the physician was notified of a change in the Plan of Care for 3 of 15 patients (Patients #12, #5 and #7); and failed to ensure the physician reviewed the plan of care accurately for 1 of 15 patients (Patient #2).			G 158			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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G 158	<p>Continued From page 1</p> <p>Findings include:</p> <p>Patient # 12</p> <p>Patient #12's start of care date was 3/6/09. Patient #12's diagnoses included Hypertension, Diabetes, Congestive Heart Failure, and Prostate Cancer.</p> <p>During the certification period 9/2/09 to 10/31/09, Patient #12's Plan of Care indicated the patient was to have skilled nursing visits BID (twice a day) for 60 days.</p> <p>Documentation in the medical record included a "Missed Visit Report" Form for the following dates: - 08/01/09 - 10/06/09 - 09/01/09</p> <p>During the certification period 11/1/09 to 12/30/09, Patient #12's Plan of Care indicated the patient was to have skilled nursing visits BID for 60 days.</p> <p>Documentation in the medical record included a "Missed Visit Report" Form for the following dates: 11/22/09 - AM/PM (Morning and Afternoon) 11/21/09 - AM/PM 11/19/09 - PM (Afternoon only) 11/13/09 - PM 11/08/09 - PM</p> <p>There was no documented evidence the physician was notified of the missed visits.</p> <p>Patient #5</p>			G 158			

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G 158	<p>Continued From page 2</p> <p>Patient #5's start of care date was 8/28/09. Patient #5's diagnoses included Hypertension, Chronic Obstructive Lung disease Seizures and a history of Pulmonary Infarct.</p> <p>During the certification period from 8/28/09 to 10/26/09, Patient #5's Plan of Care indicated the patient was to have skilled nursing visits two days a week for 60 days.</p> <p>Patient #5's medical record contained a "Missed Visit Report Form" dated 9/26/09.</p> <p>Patient #7</p> <p>Patient #7's start of care date was 8/27/09. Patient #7's diagnoses included Multiple Sclerosis, Hypertension, Heart Disease and Angina.</p> <p>During the certification period from 8/27/09 to 10/25/09, Patient #7's Plan of Care indicated the patient was to have skilled nursing visits one day a week for 60 days.</p> <p>Patient #7's medical record contained two "Missed Visit Report Forms" dated 9/10/09 and 9/13/09.</p> <p>The medical records for Patients #5 and #7 lacked documentation on the, "Missed Visit Form" that the physician was notified.</p> <p>On 12/4/09, the Administrator indicated the nursing staff are expected to notify the physician of all missed visits according to the agency's policy. The Administrator added the box on the form should have been checked if the physician</p>	G 158			

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G 158	<p>Continued From page 3 was notified of the missed visits.</p> <p>Patient #2</p> <p>Patient #2's Start of Care date was 10/26/07. The diagnoses include Diabetes, long term use of Insulin, Hypertension, and Rheumatoid Arthritis.</p> <p>The patient's Plan of Care for the certification (cert) period 8/16/09 through 10/14/09, signed by the physician on 10/27/09, included the following orders:</p> <ul style="list-style-type: none"> - Blood sugar (BS) monitoring bid (twice a day), AC (before meals) breakfast and AC dinner - Insulin coverage based on the BS (blood sugar) results - BS 200 - 300 mg (milligrams)/dl (deciliter) - 4 units - BS > 300 mg/dl - 5 units and call M.D. <p>The patient's Plan of Care for the certification period 10/15/09 through 12/13/09, signed by the physician on 11/17/09, included the following orders:</p> <ul style="list-style-type: none"> - Blood sugar monitoring bid (twice a day), AC (before meals) breakfast and AC dinner - Insulin coverage based on the BS results - BS 200 - 300 mg/dl - 4 units - BS > 300 mg/dl - 5 units and call M.D. <p>The physician orders form dated 6/22/09 indicated:</p> <ul style="list-style-type: none"> - Novolog Insulin 100 units/cc (cubic centimeter) sq (subcutaneously) 2x daily per sliding scale - If BS 200-300 mg/ml, give 4 units - BS higher than 300 mg/dl - 5 units - BS higher than 400 mg/dl - 10 units <p>Patient #2's medication profile for cert period 6/17</p>	G 158			

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G 158	<p>Continued From page 4</p> <p>- 8/15/09 included the updated order for the Insulin, according to the physician's order of 6/22/09.</p> <p>Patient #2's Medication profile for cert period 8/16/09 - 10/14/09 and 10/15 - 12/13/09, included the previous Insulin order:</p> <ul style="list-style-type: none"> - BS 200 - 300 mg/dl - 4 units - BS > 300 mg/dl - 5 units and call M.D. <p>Patient #2's nurse's notes revealed the patient received Insulin coverage as ordered on 6/22/09, not according to the current plan of care signed by the physician.</p> <p>The Nurse's notes documented the patient received:</p> <ul style="list-style-type: none"> - 10/17/09 AM BS - 465; Insulin - 4 Units - 11/01/09 PM BS - 419; Insulin - 4 Units <p>On 12/2/09, the Administrator/DON indicated Patient #2 was having increased problems with BS control in June. Therefore, the MD was notified and changed the order as of June 6/22/09, which was still the correct order. When the DON completed the 2 subsequent Plans of Care, she overlooked the change in orders.</p> <p>The Plans of Care for cert periods 8/16/09 - 10/14/09 and 10/15/09 - 12/13/09 were reviewed and signed by the physician with a discrepancy in the correct Insulin dosage.</p>	G 158			
G 165	<p>484.18(c) CONFORMANCE WITH PHYSICIAN ORDERS</p> <p>Drugs and treatments are administered by agency staff only as ordered by the physician.</p>	G 165			

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G 165	<p>Continued From page 5</p> <p>This STANDARD is not met as evidenced by: Surveyor: 26907</p> <p>Based on record review and interview, the agency failed to ensure medications were administered according to the physician orders for 1 of 15 patients (Patient #2).</p> <p>Findings include:</p> <p>Patient #2</p> <p>Patient #2's Start of Care date was 10/26/07. The diagnoses include Diabetes, long term use of Insulin, Hypertension, and Rheumatoid Arthritis.</p> <p>The patient's Plan of Care for the certification (cert) period 8/16/09 through 10/14/09, signed by the physician on 10/27/09, included the following orders:</p> <ul style="list-style-type: none"> - Blood sugar (BS) monitoring bid (twice a day), AC (before meals) breakfast and AC dinner - Insulin coverage based on the BS (blood sugar) results - BS 200 - 300 mg (milligrams)/dl (deciliter) - 4 units - BS > 300 mg/dl - 5 units and call M.D. <p>The patient's Plan of Care for the certification period 10/15/09 through 12/13/09, signed by the physician on 11/17/09, included the following orders:</p> <ul style="list-style-type: none"> - Blood sugar monitoring bid (twice a day), AC (before meals) breakfast and AC dinner - Insulin coverage based on the BS results - BS 200 - 300 mg/dl - 4 units - BS > 300 mg/dl - 5 units and call M.D. <p>The physician orders form dated 6/22/09</p>	G 165			

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G 165	<p>Continued From page 6</p> <p>indicated:</p> <ul style="list-style-type: none"> - Novolog Insulin 100 units/cc (cubic centimeter) sq (subcutaneously) 2x daily per sliding scale - If BS 200-300 mg/ml, give 4 units - BS higher than 300 mg/dl - 5 units - BS higher than 400 mg/dl - 10 units <p>Patient #2's medication profile for cert period 6/17 - 8/15/09 included the updated order for the Insulin, according to the physician's order of 6/22/09.</p> <p>Patient #2's Medication profile for cert period 8/16/09 - 10/14/09 and 10/15 - 12/13/09, included the previous Insulin order:</p> <ul style="list-style-type: none"> - BS 200 - 300 mg/dl - 4 units - BS > 300 mg/dl - 5 units and call M.D. <p>Patient #2's nurse's notes revealed the patient was receiving Insulin coverage as ordered on 6/22/09, not according to the current plan of care signed by the physician.</p> <p>The nurse's notes documented Patient #2 received:</p> <ul style="list-style-type: none"> - 10/17/09 AM BS - 465; Insulin - 4 Units - 11/01/09 PM BS - 419; Insulin - 4 Units <p>On 12/2/09, the Administrator/DON indicated Patient #2 was having increased problems with BS control in June. Therefore, the MD was notified and changed the order as of June 6/22/09, which was still the correct order. When the DON completed the 2 subsequent Plans of Care, she overlooked the change in orders.</p> <p>The nurses were administering Insulin coverage based on orders written on 6/22/09. This did not correspond to the last 2 Plans of Care signed by</p>	G 165			

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G 165	Continued From page 7	G 165			
G 337	<p>484.55(c) DRUG REGIMEN REVIEW</p> <p>The comprehensive assessment must include a review of all medications the patient is currently using in order to identify any potential adverse effects and drug reactions, including ineffective drug therapy, significant side effects, significant drug interactions, duplicate drug therapy, and noncompliance with drug therapy.</p> <p>This STANDARD is not met as evidenced by: Surveyor: 26907 Based on observation, record review and interview, the agency failed to ensure medication regimen review was completed to ensure appropriate therapy for 1 of 15 patients (Patient #4).</p> <p>Findings include:</p> <p>Patient #4</p> <p>Patient #4's Start of Care was on 11/4/09. The diagnoses include late effects of Cerebral Vascular Accident, long term use of anticoagulants, therapeutic drug monitoring and Hypertension.</p> <p>Review of the medical record revealed Patient #4's Medication Profile included the following medications ordered on 11/4/09:</p> <ul style="list-style-type: none"> - Metoprolol 50 mg (milligrams) po by mouth bid (twice a day) - Warfarin 5 mg po hs (hour of sleep) - Amlodipine 5 mg po bid - Metformin 100 mg po bid - Lovastatin 80 mg po hs - Micardis HCT 80/25 po QD (once a day) 	G 337			

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G 337	<p>Continued From page 8</p> <ul style="list-style-type: none"> - Bextra 20 mg po QD - Bystolic 5 mg po QD - Ranitide 150 mg po QD - Simvastin 1 hs - ASA 81 mg po QD - Meclizine 25 mg po q8h (every 8 hours) prn (as necessary) - Tramadol HCL (Hydrochloride) 50 mg po q6h prn pain - Lovenox 80 mg sq (subcutaneously) BID until INR (International Normalized Ratio) 2.5 and above <p>On 12/2/09 a home visit was completed. A copy of the Medication Profile dated 11/4/09, as listed above, was in the chart in the patient's home. Review of the current medications with the skilled nurse revealed Patient #4 was taking only the following medications:</p> <ul style="list-style-type: none"> - Metoprolol 50 mg (milligrams) po by mouth bid (twice a day) - Warfarin 5 mg po hs (hour of sleep) - Amlodipine 5 mg po bid - Metformin 100 mg po bid - Simvastin 1 hs - Micardis HCT 80/25 po QD (once a day) - ASA 81 mg po QD - Meclizine 25 mg po q8h (every 8 hours) prn (as necessary) - Tramadol HCL (Hydrochloride) 50 mg po q6h prn pain <p>The LPN (Licensed Practical Nurse) indicated the other medications that were listed on the Medication Profile had been discontinued and the Medication Profile was not updated.</p> <p>On 12/3/09, the Administrator/ DON explained the RN (Registered Nurse) obtained the physician</p>	G 337			

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G 337	Continued From page 9 orders when medications were changed. The RN should update the Plan of Care and Medication Profile Forms to ensure the patient was receiving the correct medications as prescribed by the physician.	G 337			